

2016 COTA Conference Registration Form

Date Taken: _____ - _____ - _____ ☐ AM ☐ PM
 By: ☐ DR ☐ ML ☐ JC ☐ _____
 Date Entered: _____ - _____ - _____ ☐ AM ☐ PM
 BY: _____ (Initial)

Demographic Information (* indicates a required field)

Last Name*		First Name*		Middle Name or Initial*	
Date of Birth					
Institution*					
Title*					
Street Address*					
City*		State*		Zip*	
Phone #*					
Email Address*					

Registration Information (* indicates a required field)

Registration Fee*	\$ _____
Dietary Restrictions	
Method of Payment* (You may include credit card payment information for group registration.)	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> IOF <input type="checkbox"/> Purchase Order
	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
	Card Holder Name _____
	Card Number _____ Expiration Date _____

Instructions

Make checks payable to: **COTA Conference**

Please complete this form for each attendee covered by this registration fee.

Please use the following steps to complete your registration. If you have questions, please call 314-516-5961.

1. Print a copy of this form(s) and mail it to:

University of Missouri–St. Louis
 1 University Blvd.
 324 Woods Hall
 St. Louis, MO 63121-4400
 Attention: Non-Credit Registration Services

2. If you want to receive an invoice for the registration fee, please submit a Purchase Order with this registration form.